

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012002

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 16

VS 300  
Rev. 4/59

10710

20090

3

4 0

5 2

6

7 0

8 2

9725X

10

11

1286-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 12 1962

1. PLACE OF DEATH

a. COUNTY

Morgan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Versailles

Length of stay in 1b

2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Kidwell Rest Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Benton

c. CITY  
OR TOWN

WARSAW

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☒ No ☒

3. NAME OF DECEASED  
(Type or print)

First John

Middle

DOWNEN

Last

4. DATE  
OF DEATH

Month

Day

Year

apr 6, 1962

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Feb 22, 1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months 1 Days 14

IF UNDER 24 HR

Hours 1 Min. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret Labor

10b. KIND OF BUSINESS OR INDUSTRY

Labor

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

John M. Downen

13b. MOTHER'S MAIDEN NAME

Mary Russell

14. NAME OF HUSBAND OR WIFE

deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ethel King

Warsaw

18. CAUSE OF DEATH (Enter only one cause per line if  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

Conditions, if any,  
which gave rise to  
above cause (a),  
starting the under-  
lying cause last.

DUE TO (b)

Generalized Atherosclerosis

DUE TO (c)

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1960 to Apr 6, 1962 and last saw him alive on April 5, 1962  
Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J L Washburn M.D.

22b. ADDRESS

Versailles, Mo

22c. DATE SIGNED

4/6/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

Burial Apr 9, 1962

23c. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

23d. LOCATION (City, town, or county)

Warsaw Benton Co., Mo

24. FUNERAL DIRECTOR

ADDRESS

John F Reser

Warsaw

25. DATE RECD. BY LOCAL REG.

4-9-62

26. REGISTRAR'S SIGNATURE

J L Washburn

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.